UTILITY **PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket	No.	N9450.0015/P015				
First Inventor	Mas	saya Kojima				

CAPILLARY ARRAY ELECTROPHORESIS, etc.

Express Mail Label No.

	APP	LICATION ELEMENTS			ADDRESS TO:		ioner for Patents	1		
See MP	EP chapter 600	concerning utility patent applica	tion contents.		ADDITESS TO.		on, DC 20231			
1. X 2.	(Submit an origini	al Form (e.g., PTO/SB/17) al, and a duplicate for fee processing) ns small entity status.		7. 8.	CD-ROM or CD-R Computer Program Nucleotide and/or Amin	n <i>(Appendix)</i> 10 Acid Seque				
	See 37 CFR 1		57 1		(if applicable, all necessa. Computer Read	• •	DE/			
3. X	Specification	[Total Pages gement set forth below)	57							
	- Descriptive - Cross Refer - Statement F - Reference to	ittle of the invention ence to Related Applications tegarding Fed sponsored R & D o sequence listing, a table, ter program listing appendix			b Specification Sequer i. CD-ROM c Statements verif	or CD-R (2 c	opies); or ui paper			
	 Background 	of the Invention ary of the Invention			ACCOMPANY	ING APPLIC	CATIONS PARTS	_		
		otion of the Drawings (if filed)		9. 10	Assignment Paper		et & document(s)) Power of			
	1	he Disclosure			(when there is an	• .	Attorney			
4. X	Drawing(s) (3: or Declaration	5 U.S.C. 113) [Total Sheet Total Pages		11 12.	English Translation X Information Disclo	sure [Copies of IDS			
		ecuted (original or copy)	· [13.	Statement (IDS)/P		Citations			
a		n a prior application (37 CFR 1 6	3(d))		Botum Bossint Bo		P 503)			
b.		ation/divisional with Box 18 complete		' '	(Should be specifically itemized)					
i DELETION OF INVENTOR(S) Signed statement attached deleting					(if foreign priority is claimed) Neppublication Requires under 35 LLS C 122 (b)(2)(B)(i)					
		tor(s) named in the prior application, 7 CFR 1 63(d)(2) and 1 33(b).		16.			0/SB/35 or its equivalent.			
	_			17	Other:					
6.	Application Da	ata Sheet See 37 CFR 1.76								
18 If a	CONTINUING Sheet under 37	APPLICATION, check appropriate	box, and supply the	requis	ite information below and in a	preliminary am	endment, or in an Application			
	Continuation		nuation-in-part (CIP)	of prior application No.:					
Prior) application info	rmation: Examiner			Group / Art U	nit:				
For CO	NTINUATION o	or DIVISIONAL APPS only. The lered a part of the disclosure of t ration <u>can only</u> be relied upon w	he accompanyin	g cont	tinuation or divisional ap	plication and	is hereby incorporated by			
reterenc	e. The mospo				NCE ADDRESS			_		
	Customer Nur	nber or Bar Code Label				or X C	orrespondence address below			
Name		CKSTEIN SHAPIRO M rk J. Thronson	ORIN & OS	HIN:	SKY LLP					
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Name	(Print/Type)	Mark J. Thronson			Registration No. (Attorne	ey/Agent)	33,082	_		
Signate	ıre	nas	1	_		Date	May 10, 2001			

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known Not Yet Assigned Application Number May 10, 2001 Filing Date Masaya Kojima First Named Inventor Not Yet Assigned Examiner Name N/A Group Art Unit

TOTAL AMOUNT OF	PAYMENT	(\$) 1,190.00		Attorne	y Doc	ket No.		N9450.00	15/P0)15	
METHO	D OF PAYME	NT				FEE C	ALCULA	ATION (cor	ntinued)	
1. X The Commissioner is hereby authorized to charge				3. ADDITIONAL FEES							
indicated fees and credit any overpayments to:			ı	e Entity		I Entity					
Deposit Account Number		Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Des	cription	า	Fee Paid	
Deposit Account			105	130	205	65	Surcharg	ge – late filing	fee or o	ath	
Name			127	50	227	25	Surcharg cover sh	je – late provi eet.	sional fil	ling fee or	
X Charge Any Additional Fee Required Under		ipplicant claims small intity status. See	139	130	139	130	Non-Eng	lish specificat	ion		
37 CFR 1,16 and 1 17		7 CFR 1.27	147	2,520	147	2,520	For filing	For filing a request for ex parte reexamination			
2. X Payment Encl	osed		112	920*	112	920*	Requesting publication of SIR prior to Examiner action				
X Check Credit (Card Mone	ey Order Other	113	1,840*	113	1,840*	Requesti Examine	ing publication r action	n of SIR	after	
FEE	CALCULATIO	N	115	110	215	55	Extensio	n for reply wit	hin first i	month	
1. BASIC FILING FEE			116	390	216	195	Extensio	n for reply wit	hin seco	nd month	
Large Entity Small Ent	•		117	890	217	445	Extensio	n for reply wit	hin third	month	
Code (\$) Code	ee Fee Desc (\$)	- ree Palo	118	1,390	218	695		n for reply wit			
101 710 201 3	355 Utility filing f	ee 710.00	128	1,890	228	945		n for reply with	hin fifth i	month	
1	160 Design filing	<u> </u>	119	310	219	155	Notice of	•			
107 490 207 2	245 Plant filing for	эе	120	310	220	155	Filing a b	orief in suppor	t of an a	ppeal	
	355 Reissue filin	<u> </u>	121	270	221	135	•	for oral hearir	-		
114 150 214	75 Provisional I	filing fee	138	1,510	138	1,510		o institute a p			
SI	UBTOTAL (1)	(\$) 710.00	140	110	240	55		o revive – una		1	
		from	141	1,240	241	620	Petition t	o revive - unir	ntentiona	al	
2. EXTRA CLAIM FEE		low Fee Paid	142	1,240	242	620	Utility iss	ue fee (or reis	ssue)		
Total Claims 15 -20**	=	= 0.00	143	440	243	220	Design is	ssue fee			
Independent 9 -3** =	6 x 80	0.00 = 480.00	144	600	244	300	Plant issi	ue fee			
Multiple Dependent		=	122	130	122	130	Petitions	to the Comm	ıssioner		
	<u> </u>		123	50	123	50	Processi	ng fee under 3	37 CFR	1.17(q)	
Large Entity Small Entity			126	180	126	180	Submissi	ion of Informa	ition Disc	closure Stmt	
Fee Fee Fee Fee Code (\$) Code (\$)	Fee D	escription	581	40	581	40		ig each patent (times numbe			
ŧ .	Claims in excess Independent clair		146	710	246	355	(37 ČFR	ubmission aft 1.129(a))		-	
104 270 204 135	Multiple depende	nt claim, if not paid	149	710	249	355		additional inv d (37CFR 1.12		o be	
109 80 209 40	** Reissue indep		179	710	279	355		for Continued		ation (RCE)	
100 50 200 10	over original pa		169	900	169	900		for expedited		ation	
110 18 210 9	** Reissue claims and over origin		Other	fee (speci	fy)		JI a UESIÇ	gn application			
SUBTOTAL (2) (\$) 480.00 **or number previously paid, if greater; For Reissues, see above				ced by Ba	sic Filin	g Fee Pa	aid	SUBTOTA	AL (3)	(\$)	
SUBMITTED BY	z, grouter, r or r		<u> </u>	_==		===	===	Complete /	f annlis -	blo1	
Name (print/type) Mark J. Thronson				ration No.	33,0	182		Complete (ii			
				(Attorney/Agent) 33,082 Telephone (202) 775-4742							

SUBMITTED BY				Complete	if applicable)
Name (print/type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(202) 775-4742
Signature	MAJC			Date	May 10, 2001
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